



An Information Service of the Division of Medical Assistance

**North Carolina
Medicaid Pharmacy
Newsletter**

Number 156

March 2008

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Published by EDS, fiscal agent for the North Carolina Medicaid Program
1-800-688-6696 or 919-851-8888

Additional OTCs Added to the Over-the-Counter Medications Coverage List

The following OTC products became available for reimbursement by NC Medicaid in conjunction with a prescription order by the physician.

NDC	Drug Label Name	Effective Date
00781528364	CETIRIZINE HCL 5 MG CHEW TAB	2/1/2008
00781528464	CETIRIZINE HCL 10 MG CHEW TAB	2/1/2008
49348084646	OMEPRazole DR 20 MG TABLET	3/19/2008
49348084661	OMEPRazole DR 20 MG TABLET	3/19/2008
49348084678	OMEPRazole DR 20 MG TABLET	3/19/2008
51079059720	CETIRIZINE HCL 10 MG TABLET	2/1/2008
51660093831	CETIRIZINE HCL 10 MG TABLET	2/1/2008
51660093890	CETIRIZINE HCL 10 MG TABLET	2/1/2008
57664054088	CETIRIZINE HCL 5 MG CHEW TAB	2/1/2008
57664054188	CETIRIZINE HCL 10 MG TABLET	2/1/2008

The list of covered OTC drug codes is available on the NC Division of Medical Assistance Web site in General Medical Policy A-2 and can be found at <http://www.ncdhhs.gov/dma/mp/mpindex.htm>.

Deleted NDCs from CMS

The following products have been deleted from the CMS Master Data Record (MDR) file of covered outpatient drugs effective as of **March 17, 2008**. The products do not meet the definition of a covered outpatient drug.

NDC	Drug Name
14629047301	Zinx Cough Kit
28595060216	Allres G
51991008316	Carbetaplex Liquid
51991016316	Histacol DM Pediatric Syrup
58177001904	Bromfenex
58177002004	Bromfenex PD
58177020804	Guaifenex PSE/120
58177021404	Guaifenex PSE/60
58177037304	Guaifenex GP Extended-Release Tablets
58809053501	Carbatuss
58809053601	Carbatuss
58809061501	Carbatab-12
60258024616	Chlordex GP

NDC	Drug Name
60258044616	Bromhist DM Syrup
63717003704	Suphera Cream
63717070315	Triant HC
63717071004	Dytan HC Suspension
63717071416	Nariz HC Suspension
64376053716	Phencarb GG Syrup
64376070730	P Chlor GG Drops
64376072316	Pediahist DM Syrup
66813017916	Levall
67204021016	Oratuss Liquid
67204027310	Oratuss 12 Tablets
67336018816	Respi-Tann G
68032017616	Carbetapentane Citrate/Phenylephrine HCl /Guafinesin
68047005110	Oto-End 10 Drops
68453061210	Duratuss Tablets
68453061510	Duratuss Tabs
68453064010	Duratuss GP

New Pharmacy Prior Authorization Program for Second Generation Antihistamines – Updated Implementation Date

The N.C. Medicaid Outpatient Pharmacy Program will implement a new prior authorization (PA) program for second generation antihistamines after May 4, 2008. Medications that will require prior authorization include Clarinex, Allegra, fexofenadine, Xyzal and Zyrtec (prescription versions only). All over-the-counter (OTC) versions of loratadine, Claritin, cetirizine and Zyrtec will not require prior authorization. After this date, pharmacists will begin receiving a point-of-sale message that PA is required for these medications. An additional message will indicate that override at point-of-sale is allowed for these medications. If the prescriber has indicated that the PA criteria have been met, by writing one of the following phrases on the face of the prescription in his or her own handwriting, the pharmacist will be able to override the PA edit:

- **For generic fexofenadine**
 1. “Failed loratadine and failed cetirizine for 30 days”
 2. “Allergy to loratadine and cetirizine”
- **For liquid formulations other than loratadine syrup**
 1. “Failed loratadine and failed cetirizine syrup for 30 days”
 2. “Allergy to loratadine and cetirizine syrup”
- **For all other second generation antihistamines**
 1. “Failed loratadine for 30 days, failed cetirizine for 30 days and failed fexofenadine for 30 days”
 2. “Allergy to fexofenadine, loratadine, and cetirizine”

If the second generation antihistamine has a generic version available, “medically necessary” must also be written on the face of the prescription in the prescriber’s own handwriting in order to dispense the brand name drug. A “1” in the PA field (461-EU) or a “2” in the submission clarification field (420-DK) will override the PA edit. These overrides will be monitored by Program Integrity.

Providers may also contact ACS at 866-246-8505 (telephone) or 866-246-8507 (fax) to request PA for these medications. The PA criteria and request form for the second generation antihistamines will be available on the N.C. Medicaid Enhanced Pharmacy Program Web site at <http://www.ncmedicaidpbm.com>. If the PA is approved by ACS, the POS override codes will not be needed.

FORM Quarterly Letter Update

Beginning in May 2008, the FORM quarterly letters that pharmacists receive indicating their patients that participate in the FORM program will include the following new features:

- The quarterly letter will include a list of recipients deleted from the program since the previous quarter’s letter.
- If more than one page, the quarterly letter will be combined in one envelope instead of separately for the same provider.

These changes are in addition to the new feature added to the February 2008 FORM letters which included the addition of the dates FORM recipients are entered into the FORM program. These letters will be mailed out at the end of February, May, August and November during the year.

Program of All-Inclusive Care for the Elderly (PACE) Recipient Eligibility Program

The Program of All-Inclusive Care for the Elderly (PACE) is a managed care program that enables elderly individuals who are certified to need nursing facility care to live as independently as possible. The PACE provider receives monthly Medicare and/or Medicaid capitation payments for each eligible enrollee. The PACE provider assumes full financial risk for participants’ care without limits on amount, duration, or scope of services.

Effective February 1, 2008, to enroll in this program, an individual must be Medicaid eligible and

- Be 55 years of age or older;
- Certified by the State to require nursing facility level of care;
- Able to live safely in the community at the time of enrollment; and
- Reside in the service area of the PACE organization.

Services provided directly by the PACE provider include, but are not limited to:

- Interdisciplinary team case management;
- Adult day health program;
- Skilled nursing care;
- Primary care physician services;
- Specialized therapies;
- Personal care services;
- Nutrition counseling;
- Meals;
- Transportation; and
- Prescriptions.

New SmartPA Pharmacy Prior Authorization Program

On April 4, 2008, North Carolina Medicaid will be implementing SmartPA to conduct point-of-sale (POS) clinical editing and pharmacy prior authorizations. SmartPA is a clinical editing and pharmacy prior authorization program that delivers pharmaceutical cost containment, efficient pharmacy benefit administration, and continued access to quality medications. Unlike other prior authorization programs, this program uses a clinical rules system, in conjunction with drug and medical claims data, to help providers determine the appropriateness of dispensing certain medications to Medicaid patients.

SmartPA streamlines the prior authorization process for all stakeholders -- physicians, pharmacists, recipients, and payers. The SmartPA tool adjudicates prior authorization requests online in real time. Prescriptions that meet a predefined set of criteria are approved in seconds. A provider whose prescription is rejected by SmartPA may be instructed to contact a call center representative for prior authorization reconsideration.

National Provider Identifiers for End-Dated Providers

DMA continues to adjudicate claims for providers who have been end-dated when the claims are for dates of service prior to the provider's end-date. To date, more than 6,000 providers who were end-dated during the past 12 months have not reported their National Provider Identifier (NPI) to DMA. After May 23, 2008, claims will be denied for end-dated providers who have not reported their NPI to DMA.

To report your NPI or to verify that your NPI has been received, please access the NPI and Address Information database at <http://www.ncdhhs.gov/dma/WebNPI/default.htm>.

If all information is correct, no action is necessary. If the NPI column is blank, your NPI has not been reported. Print the form and submit your NPI with a copy of the National Plan and Provider Enumeration System (NPPES) certification.

National Provider Identifier and Address Information Database

The Division of Medical Assistance (DMA) has implemented a searchable National Provider Identifier (NPI) and address database. Providers can access the database by NPI or Medicaid provider number, at <http://www.ncdhhs.gov/dma/NPI.htm>.

Please access the database as soon as possible to verify your NPI, site address, and billing address.

- If all information is correct, no action is necessary.
- To correct typographical errors: print the form, make corrections, and fax to the number on the printable form.
- To correct more serious (non-typographical) errors, submit a Provider Change Form (<http://www.ncdhhs.gov/dma/Forms/changeprovstatus.pdf>) and include any other applicable documentation.

If your NPI is not in the database, previously submitted documentation was either not sufficient to update the database or has not been submitted at all. Providers should print the form and submit your NPI with a copy of your National Plan and Provider Enumeration System (NPES) certification.

Tax Identification Information

The NC Medicaid program must have the correct tax information on file for all providers. This ensures that 1099 MISC forms are issued correctly each year and that correct tax information is provided to the IRS. Incorrect information on file with Medicaid can result in the IRS withholding 28% of a provider's Medicaid payments. The individual responsible for maintenance of tax information must receive the information contained in this article.

How to Verify Tax Information

The last page of the Medicaid Remittance and Status Report (RA) indicates the tax name and number on file with NC Medicaid for the provider number listed. Review the NC Medicaid RA throughout the year to ensure that the correct tax information is on file for each provider number. If you do not have access to a Medicaid RA, call EDS Provider Services at 919-851-8888 or 1-800-688-6696 to verify the tax information on file for each provider.

How to Correct Tax Information

All providers are required to complete a W-9 form for each provider for whom incorrect information is on file. Please go to the following Web site to obtain a copy of a W-9 form <http://www.irs.gov/pub/irs-pdf/fw9.pdf>. Correct information must be received by **November 1, 2008**.

All providers who identify incorrect tax information must submit a completed and signed W-9 form along with a completed and signed Medicaid Provider Change form <http://www.ncdhhs.gov/dma/formsprov.html> to the address listed below:

Division of Medical Assistance - Provider Services
2501 Mail Service Center
Raleigh NC 27699-2501

Changes in Drug Rebate Manufacturers

The following changes are being made in manufacturers with Drug Rebate Agreements. They are listed by manufacturer code, which are the first five digits of the NDC.

Additions

The following labelers have entered into Drug Rebate Agreements and have joined the rebate program effective on the dates indicated below:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
29336	Graceway Pharmaceuticals, LLC	01/01/2008
54458	International Labs, Inc.	03/05/2008

Voluntarily Terminated Labeler

The following labelers requested voluntary termination, which was effective January 1, 2008:

FEI Products LLC	(Labeler 50907)
Stada Pharmaceuticals, Inc	(Labeler 55370)
Snuva Incorporated	(Labeler 58291)
Stada Pharmaceuticals, Inc	(Labeler 64860)

Checkwrite Schedule

March 04, 2008	April 08, 2008	May 06, 2008
March 11, 2008	April 15, 2008	May 13, 2008
March 18, 2008	April 24, 2008	May 20, 2008
March 27, 2008		May 29, 2008

Electronic Cut-Off Schedule

March 06, 2008	April 03, 2008	May 01, 2008
March 13, 2008	April 10, 2008	May 08, 2008
March 20, 2008	April 17, 2008	May 15, 2008
		May 22, 2008

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS claims must be transmitted and completed by 12:00 midnight on the day of the electronic cut-off date to be included in the next checkwrite.



Thomas D'Andrea, R.Ph., MBA
Chief, Pharmacy and Ancillary Services
Division of Medical Assistance
Department of Health and Human Services



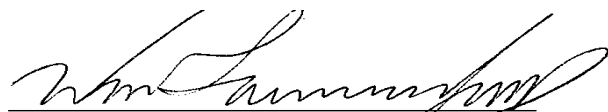
Ann Slade, R.Ph.
Chief, Pharmacy Review Section
Division of Medical Assistance
Department of Health and Human Services



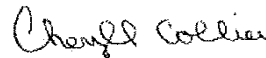
Lisa Weeks, PharmD, R.Ph.
Outpatient Pharmacy Program Manager
Division of Medical Assistance
Department of Health and Human Services



Sharon H. Greeson, R.Ph.
Pharmacy Director
EDS



William W. Lawrence, Jr., M.D.
Acting Director
Division of Medical Assistance
Department of Health and Human Services



Cheryll Collier
Executive Director
EDS